

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
American Cancer Society Inc  
% Catherine E Mickle  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
250 Williams Street NW Suite 400  
City or town, state or province, country, and ZIP or foreign postal code  
Atlanta, GA 30303

**D** Employer identification number  
13-1788491  
**E** Telephone number  
(800) 227-2345  
**G** Gross receipts \$ 1,258,481,895

**F** Name and address of principal officer  
GARY M REEDY  
250 Williams Street STE 400  
Atlanta, GA 30303

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 0580

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527  
**J** Website: ▶ www.cancer.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1922 **M** State of legal domicile NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
Through our six geographic regions, we save lives, celebrate lives, and fight for a world without cancer

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	21
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6,071
<b>6</b> Total number of volunteers (estimate if necessary)	1,388,169
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-18,040
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-19,945

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	778,758,190	707,546,352
<b>9</b> Program service revenue (Part VIII, line 2g)	13,200	11,620
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,311,429	81,473,873
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,116,660	-474,905
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	813,199,479	788,556,940
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	171,404,201	168,051,051
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	455,280,085	395,576,507
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	6,134,538	12,684,825
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶147,327,559		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	234,575,796	237,316,949
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	867,394,620	813,629,332
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-54,195,141	-25,072,392

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,672,359,063	1,697,658,010
<b>21</b> Total liabilities (Part X, line 26)	582,384,838	582,794,769
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,089,974,225	1,114,863,241

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer \_\_\_\_\_ Date 2018-11-09  
Catherine E Mickle CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name LAURA KIELCZEWSKI Preparer's signature LAURA KIELCZEWSKI Date \_\_\_\_\_  
Check  if self-employed PTIN P00740769  
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ 5 TIMES SQUARE Phone no (212) 773-3000  
NEW YORK, NY 10036

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

To save lives, celebrate lives, and lead the fight for a world without cancer

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$	148,544,736	including grants of \$	99,938,747 )	(Revenue \$	11,620 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	296,478,792	including grants of \$	37,000,328 )	(Revenue \$	445,164 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	108,869,206	including grants of \$	20,943,151 )	(Revenue \$	0 )
	See Additional Data						

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	74,677,835	including grants of \$	10,168,825 )	(Revenue \$	0 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	628,570,569					
-----------	---	-------------	--	--	--	--	--

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	Yes	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, sub-questions (1a-13b), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI); Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records (Catherine E Mickle, 250 Williams Street STE 400, Atlanta, GA 30303 (404) 329-7934)



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 390

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like The Richards Group, KPMG LLP, Appino Inc, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 81

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 5,139,160			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 338,089,492			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 5,349,186			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 358,968,514			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____	42,489,806			
	<b>h Total.</b> Add lines 1a-1f . . . . .		707,546,352		

<b>Program Service Revenue</b>	Business Code				
	Business Code				
<b>2a</b> EDUCATIONAL MAGAZINES ADVERTISING	541800	11,620	0	11,620	0
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		11,620			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		25,393,026		203,910	25,189,116
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		4,362,604			4,362,604
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		1,011,283				
	<b>b</b> Less rental expenses	454,625				
	<b>c</b> Rental income or (loss)	556,658	0			
	<b>d</b> Net rental income or (loss) . . . . .			556,658	-235,475	792,133
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		426,367,558	19,128,613			
	<b>b</b> Less cost or other basis and sales expenses	379,478,708	9,936,616			
	<b>c</b> Gain or (loss)	46,888,850	9,191,997			
	<b>d</b> Net gain or (loss) . . . . .			56,080,847		56,080,847
	<b>8a</b> Gross income from fundraising events (not including \$ 338,089,491 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	43,324,382			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	43,324,382			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	1,809,678				
<b>b</b> Less direct expenses . . . . .	<b>b</b>	387,290				
<b>c</b> Net income or (loss) from gaming activities . . . . .			1,422,388		1,422,388	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	23,733,137				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	36,343,334				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			-12,610,197	1,905	-12,612,102	
Miscellaneous Revenue		Business Code				
<b>11a</b> GRANT REFUND/RESIGNATION		900099	5,093,828	0	0	5,093,828
<b>b</b> REGISTRATION		900099	254,650	0	0	254,650
<b>c</b> OTHER GAINS (LOSSES)		900099	445,164	445,164	0	0
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			5,793,642			
<b>12 Total revenue.</b> See Instructions . . . . .			788,556,940	445,164	-18,040	80,583,464

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	144,897,982	144,897,982		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	20,857,299	20,857,299		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,295,770	2,295,770		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,304,613	4,405,550	895,773	1,003,290
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	602,204	357,182	165,737	79,285
<b>7</b> Other salaries and wages.	300,654,365	219,569,203	15,918,229	65,166,933
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	25,728,758	18,687,225	1,361,944	5,679,589
<b>9</b> Other employee benefits.	39,345,757	29,186,688	2,091,471	8,067,598
<b>10</b> Payroll taxes.	22,940,810	16,676,798	1,264,330	4,999,682
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	999,549	760,764	49,691	189,094
<b>b</b> Legal.	2,704,172	1,360,498	1,028,959	314,715
<b>c</b> Accounting.	327,865	0	327,865	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	12,684,825			12,684,825
<b>f</b> Investment management fees.	2,799,263	0	2,799,263	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,525,833	31,519,930	2,118,829	7,887,074
<b>12</b> Advertising and promotion.	35,727,072	25,450,803	275,084	10,001,185
<b>13</b> Office expenses.	32,788,220	22,539,496	3,382,187	6,866,537
<b>14</b> Information technology.	26,195,484	19,744,183	1,620,212	4,831,089
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	42,830,158	33,809,246	1,914,839	7,106,073
<b>17</b> Travel.	13,770,346	9,987,865	498,912	3,283,569
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	6,879,020	4,731,606	470,951	1,676,463
<b>20</b> Interest.	880,516	684,828	107,978	87,710
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	15,105,964	10,914,619	860,393	3,330,952
<b>23</b> Insurance.	2,962,168	2,320,170	148,136	493,862
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Printing - Edu and Fundr	7,340,887	4,695,838	199,446	2,445,603
<b>b</b> MEDALS/RECOGNITION	2,890,596	1,959,195	128,850	802,551
<b>c</b> RECRUITMENT/RELOCATION	1,197,828	880,143	80,619	237,066
<b>d</b> MISCELLANEOUS	391,175	276,855	21,506	92,814
<b>e</b> All other expenses	833	833		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	813,629,332	628,570,569	37,731,204	147,327,559
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	179,485,363	132,530,934	6,511,226	40,443,203

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	113,328,434	<b>2</b>	109,520,975
	<b>3</b> Pledges and grants receivable, net . . . . .	41,811,284	<b>3</b>	66,259,287
	<b>4</b> Accounts receivable, net . . . . .	5,320,272	<b>4</b>	5,871,687
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	2,923,629	<b>8</b>	3,070,580
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,994,768	<b>9</b>	9,774,985
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	495,380,594		
	<b>b</b> Less accumulated depreciation	274,933,640		
		232,514,397	<b>10c</b>	220,446,954
	<b>11</b> Investments—publicly traded securities . . . . .	832,512,369	<b>11</b>	835,661,013
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets See Part IV, line 11 . . . . .	433,953,910	<b>15</b>	447,052,529	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,672,359,063	<b>16</b>	1,697,658,010	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	287,861,615	<b>17</b>	281,140,082
	<b>18</b> Grants payable . . . . .	201,018,990	<b>18</b>	205,877,076
	<b>19</b> Deferred revenue . . . . .	4,852,581	<b>19</b>	11,158,665
	<b>20</b> Tax-exempt bond liabilities . . . . .	4,730,000	<b>20</b>	4,055,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	36,515,414	<b>23</b>	34,851,280
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	47,406,238	<b>25</b>	45,712,666	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	582,384,838	<b>26</b>	582,794,769	
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	498,657,599	<b>27</b>	482,191,383
	<b>28</b> Temporarily restricted net assets . . . . .	305,596,549	<b>28</b>	330,981,308
	<b>29</b> Permanently restricted net assets	285,720,077	<b>29</b>	301,690,550
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,089,974,225	<b>33</b>	1,114,863,241
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,672,359,063	<b>34</b>	1,697,658,010

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	788,556,940
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	813,629,332
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-25,072,392
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1,089,974,225
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	9,623,823
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	107,006
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	40,230,579
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,114,863,241

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>	Yes	
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

Form 990 (2017)

---

### Form 990, Part III, Line 4a:

Research programs provide financial support to fund and conduct research into the causes of cancer, how it can be prevented, detected early, and treated successfully, how to improve the quality of life for people living with cancer, and to advocate for laws and policies that help further cancer research. Our research program expenses included both our extramural research grants and intramural program, which included our comprehensive cancer prevention study (CPS-3)

---

**Form 990, Part III, Line 4b:**

Patient support programs assist cancer patients and their families in an effort to ease the burden of the disease for them. Expenses included our specific assistance to individuals through the Look Good Feel Better program, our 24 hours a day, 7 days a week, 365 days a year National Cancer Information Center, and our Hope Lodge facilities, which provide free, high quality, temporary lodging for patients and their caregivers close to treatment centers, thereby easing the emotional and financial burden of finding affordable lodging.

---

**Form 990, Part III, Line 4c:**

Prevention programs provide the public and health professionals with information and education to prevent cancer occurrence and to reduce the risk of developing cancer. Prevention expenses included activities such as our ongoing advocacy efforts to increase certain state tobacco taxes through our grants to affiliates and promoting the human papillomavirus (HPV) vaccination in addition to general prevention work.

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scarlott K Mueller MPH RN ..... Immediate Past Chair	5 0 ..... 1 0	X		X				0	0	0
Arnold M Baskies MD FACS ..... Chair	5 0 ..... 2 0	X		X				0	0	0
Kevin J Cullen MD ..... Vice Chair	5 0 ..... 0 0	X		X				0	0	0
John Alfonso CPA CGMA ..... Secretary/Treasurer	5 0 ..... 0 0	X		X				0	0	0
F Daniel Armstrong PhD ..... Director	3 0 ..... 0 0	X						0	0	0
Patricia J Crome RN MN NE-BC ..... Director	3 0 ..... 0 0	X						0	0	0
Leeann Chau Dang MS ..... Director	3 0 ..... 0 0	X						0	0	0
Lewis E Foxhall MD ..... Board Scientific Officer	3 0 ..... 0 0	X						0	0	0
Carmen E Guerra MD MSCE FACP ..... Director	3 0 ..... 0 0	X						0	0	0
John W Hamilton DDS ..... Director	3 0 ..... 3 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel P Heist CPA ..... Director	3 0 ..... 1 0	X						0	0	0
Susan D Henry LCSW ..... Director	3 0 ..... 0 0	X						0	0	0
Carol Jackson ..... Director	3 0 ..... 0 0	X						0	0	0
Gareth T Joyce ..... Director	3 0 ..... 0 0	X						0	0	0
Jorge Luis Lopez Esq ..... Director	3 0 ..... 0 0	X						0	0	0
Brian A Marlow CFA ..... Director	3 0 ..... 0 0	X						0	0	0
Gregory L Pemberton Esq ..... Director	3 0 ..... 0 0	X						0	0	0
Amit Kumar PhD ..... Director	3 0 ..... 0 0	X						0	0	0
William D Novelli ..... Director	3 0 ..... 0 0	X						0	0	0
Joseph M Naylor ..... Director	3 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffery L Kean ..... DIRECTOR	3 0 ..... 0 0	X		X				0	0	0
GARY REEDY ..... CHIEF EXECUTIVE OFFICER	55 0 ..... 5 0			X				680,952	61,905	51,245
CATHERINE E MICKLE ..... CHIEF FINANCIAL OFFICER	55 0 ..... 7 0			X				347,179	44,187	175,026
OTIS W BRAWLEY ..... CHIEF MED AND SCI OFFICER	55 0 ..... 0 0				X			469,184	0	137,358
RICHARD C WENDER ..... CHIEF CANCER CONTROL OFFICER	55 0 ..... 0 0				X			441,110	0	44,324
JOSEPH C CAHOON ..... SENIOR EVP, FIELD, OUTGOING	55 0 ..... 0 0				X			2,081,167	0	488,501
SHARON BYERS ..... CHIEF DEV & MKTG OFFICER	55 0 ..... 0 0				X			547,285	0	18,615
MICHAEL L NEAL ..... SENIOR EVP, FIELD OPERATIONS	55 0 ..... 0 0				X			354,097	0	158,331
DAVID F VENEZIANO ..... EVP, CALIFORNIA DIV, OUTGOING	55 0 ..... 0 0					X		1,078,809	0	81,621
NANCY C YAW ..... EVP, LAKESHORE DIV, OUTGOING	55 0 ..... 0 0					X		401,167	0	1,332,431

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET A CAMP ..... EVP, NEW ENGLAND DIV,OUTGOING	55 0 ..... 0 0					X		317,312	0	471,746
JUNG H KIM ..... EVP, NORTHEAST REGION	55 0 ..... 0 0					X		350,949	0	175,600
RALPH A DEVITTO ..... EVP,FLORIDA DIVISION, OUTGOING	55 0 ..... 0 0					X		391,845	0	263,704

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Cancer Society Inc

Employer identification number

13-1788491

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	871,904,237	804,931,290	785,868,454	778,758,190	707,750,261	3,949,212,432
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	871,904,237	804,931,290	785,868,454	778,758,190	707,750,261	3,949,212,432
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
<b>6 Public support.</b> Subtract line 5 from line 4						3,949,212,432

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	871,904,237	804,931,290	785,868,454	778,758,190	707,750,261	3,949,212,432
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,579,534	27,026,029	30,250,909	33,859,688	30,563,004	149,279,164
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	953,806					953,806
<b>11 Total support.</b> Add lines 7 through 10						4,099,445,402

**12** Gross receipts from related activities, etc (see instructions) **12** 370,096,146

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.335%
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	96.390%

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2017**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization American Cancer Society Inc	<b>Employer identification number</b> 13-1788491
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	0
<b>d</b> Mailings to members, legislators, or the public?		No	0
<b>e</b> Publications, or published or broadcast statements?		No	0
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		17,388,921
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		163,186
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b> Other activities?		No	0
<b>j</b> Total Add lines 1c through 1i			17,552,107
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART IV	RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS, INCLUDING THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC , TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
American Cancer Society Inc

**Employer identification number**  
13-1788491

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	113,549,288	111,244,190	115,902,123	117,328,894	102,734,090
<b>b</b> Contributions . . . . .	632,427	647,473	835,482	1,646,646	3,639,657
<b>c</b> Net investment earnings, gains, and losses	18,678,493	6,691,949	-932,027	3,026,813	15,529,578
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	31,707,475	5,034,999	4,561,388	6,100,230	4,574,431
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	101,152,733	113,548,613	111,244,190	115,902,123	117,328,894

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	25,998,753		25,998,753
<b>b</b> Buildings . . . . .	0	282,595,946	126,831,692	155,764,254
<b>c</b> Leasehold improvements	0	70,652,426	47,907,601	22,744,825
<b>d</b> Equipment . . . . .	0	45,510,739	41,672,410	3,838,329
<b>e</b> Other . . . . .	0	70,622,729	58,521,937	12,100,793
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				220,446,954

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from Affiliates	1,766,546
(2) Planned Giving assets	80,291,100
(3) Beneficial Interests in Trust	353,441,706
(4) Other Receivables	11,553,177
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	447,052,529

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Investments Held for Affiliates	15,110,735
Gift Annuity Liability	16,564,204
Deferred rent payable	10,343,572
Capital Leases Obligations	1,705,572
Due to affiliates	1,988,583
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	45,712,666

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	860,692,594
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	9,623,823
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	17,589,848
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	-5,093,827
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	52,361,281
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	74,481,125
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	786,211,469
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,799,263
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-453,792
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,345,471
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	788,556,940

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	838,416,263
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	17,482,842
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	14,743,387
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	32,226,229
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	806,190,034
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,799,263
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	4,640,035
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	7,439,298
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	813,629,332

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

## Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 The filing organization maintains endowment funds in perpetuity. Distributions from the investment earnings of the endowment funds are made in accordance with the filing organization's spending policy. These distributions are used for the filing organization's mission in accordance with any applicable donor restrictions.

## Supplemental Information

Return Reference	Explanation
REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XI, LINE 2D Revenue of Affiliates \$21,790,824 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$30,570,457 TOTAL \$52,361,281

## Supplemental Information

Return Reference	Explanation
REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XI, Line 4B UBIT \$833 UBIT RENTAL EXPENSES (\$454,625) TOTAL (\$453,792)

## Supplemental Information

Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 2D EXPENSE OF AFFILIATES \$14,743,387 TOTAL \$14,743,387

## Supplemental Information

Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 4B GRANT REFUNDS/RESIGNATIONS \$5,093,827 UBIT \$833 UBIT RENTAL EXPENSES (\$454,625) TOTAL \$4,640,035

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
American Cancer Society Inc

**Employer identification number**  
13-1788491

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					848,102
<b>b</b> Total from continuation sheets to Part I					3,326,195
<b>c</b> Totals (add lines 3a and 3b)					4,174,297

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>								<b>Schedule F (Form 990) 2017</b>	
<b>( 6 )</b>									
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 21

3 Enter total number of other organizations or entities . . . . . ▶ 0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2 THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT, AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Research Fellowship	25,330
East Asia and the Pacific			Program Services	Capacity Building	13,697

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	Research Fellowship	236,869
Europe (Including Iceland and Greenland)			Program Services	Capacity Building	140,487

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Cervical cancer awaren	1,282
Europe (Including Iceland and Greenland)			Program Services	Colorectal Cancer awar	2,564

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Global Cancer Advocacy	2,289
Europe (Including Iceland and Greenland)			Program Services	Pain Management	123,863

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Research Fellowship	127,972
Middle East and North Africa			Program Services	Capacity Building	1,467

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Capacity Building	16,370
North America			Program Services	Global Cancer Advocacy	11,350

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Global Tobacco Control	103,967
North America			Program Services	Research Fellowship	1,638

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Global Cancer Advocacy	1,883
South America			Program Services	Global Tobacco Control	424

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Capacity Building	36,650
South Asia			Program Services	Global Cancer Advocacy	4,660

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Capacity Building	49,270
Sub-Saharan Africa			Program Services	Cervical cancer awaren	45,084

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Global Cancer Advocacy	10,853
Sub-Saharan Africa			Program Services	Global Tobacco Control	33,282

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Pain Management	886,790
Sub-Saharan Africa			Program Services	Research Fellowship	486

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		20,000
East Asia and the Pacific			Grantmaking		16,619

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		636,522
North America			Grantmaking		58,189

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		344,114
South Asia			Grantmaking		119,661

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		1,100,665

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	global Tobacco Control	20,000	wire			
		Central America and the Caribbean		16,619	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific		125,901	wire			
		Europe (Including Iceland and Greenland)		10,000	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		325,871	wire			
		Europe (Including Iceland and Greenland)		70,000	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		20,000	wire			
		Europe (Including Iceland and Greenland)		29,750	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)		55,000	wire			
		Europe (Including Iceland and Greenland)		24,650	wire			

# Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America		33,539	wire			
		North America		40,000	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		100,000	Check			
		South America		158,000	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America		46,114	wire			
		South America		49,939	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia		69,722	ach			
		South Asia		131,500	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa		80,000	ach			
		Sub-Saharan Africa	Pain Management	731,990	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research Fellowship	157,176	wire			

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2017

**Open to Public  
Inspection**

Name of the organization  
American Cancer Society Inc

**Employer identification number**  
13-1788491

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Caswell Zachry Grizzard LLC	PLANNED GIV STRATEGY		No		1,087,657	
2 Dini Spheres	Fundraising Consultant		No	13,429,071	70,205	13,358,866
3 MR Strategies	Online Strategy		No	2,582,580	570,125	2,012,455
4 Maximizing Excellence	Campaign co Consultant		No	166,962	64,319	102,643
5 Merkle Inc	Direct Mail		No	37,906,978	8,543,565	29,363,413
6 PMX Agency LLC	Direct Mail		No	6,459,392	1,357,569	5,101,823
7 Social Capital	Fundraising		No		364,709	
8 MDS COMMUNICATIONS CORP	Fundraising TLMKTG		No	661,987	358,728	303,258
9 Charity Dynamics	General Dev		No	1,764,280	267,948	1,496,332
10						
<b>Total</b>				62,971,250	12,684,825	51,738,790

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>RELAY FOR LIFE</b> (event type)	<b>MAKING STRIDES</b> (event type)	<b>566</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	224,390,650	61,774,601	95,248,622	381,413,873
<b>2</b>	Less Contributions . . . . .	207,641,336	56,256,553	74,191,602	338,089,491
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	16,749,314	5,518,048	21,057,020	43,324,382
Direct Expenses	<b>4</b> Cash prizes . . . . .	727	786	195	1,708
	<b>5</b> Noncash prizes . . . . .	2,543,595	124,553	284,844	2,952,992
	<b>6</b> Rent/facility costs . . . . .	4,295,431	2,355,485	4,839,894	11,490,810
	<b>7</b> Food and beverages . . . . .	597,829	138,480	4,938,808	5,675,117
	<b>8</b> Entertainment . . . . .	1,591,306	278,750	4,683,509	6,553,565
	<b>9</b> Other direct expenses . . . . .	7,720,427	2,619,995	6,309,768	16,650,190
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .	4,360	
Direct Expenses	<b>2</b> Cash prizes . . . . .	0		248,796	248,796
	<b>3</b> Noncash prizes . . . . .	15		1,101	1,116
	<b>4</b> Rent/facility costs . . . . .			9,773	9,773
	<b>5</b> Other direct expenses . . . . .	624		126,981	127,605
<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95 000 % <input type="checkbox"/> No	
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				387,290
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				1,422,388

**9** Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
SOME STATES DO NOT REQUIRE LICENSES, HOWEVER WE ARE LICENSED WHERE REQUIRED

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b> The organization's facility	<b>13a</b> %
<b>b</b> An outside facility	<b>13b</b> 100 000 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ANNETTA MARTIN

Address ▶ 250 WILLIAMS STREET NW 4TH FL  
ATLANTA, GA 30303

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ CATHERINE E MICKLE

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0.

Description of services provided ▶ OVERSIGHT/MANAGEMENT

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 1,422,388

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM -HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER -FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER -FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE MANDATORY DISTRIBUTIONS FORM 990, SCHEDULE G, PART III LINE 17 ALL FUNDS FROM GAMING ACTIVITIES ARE SPENT ON THE FILING ORGANIZATION'S EXEMPT ACTIVITIES DURING THE TAX YEAR

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

## Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities

CA, CO, FL, GA, ID, IL, IA, KS, LA, MD, MA, MI, MN, MO, MT, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TX, VT, VA, WA, WV, WY

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
American Cancer Society Inc

**Employer identification number**  
13-1788491

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 330

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 25

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GUEST ROOM PROGRAM	47599	102,522	4,128,007	FMV	Guest Rooms
(2) LOOK GOOD, FEEL BETTER	40907	7,239	10,130,250	FMV	Cosmetic Kits
(3) Other	2302	372,020	252,821	FMV	Other Pat Supp Items
(4) Transportation	11168	2,033,419			
(5) WIGS	5431	483,116	3,347,905	FMV	Wigs
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF	GRANTS FORM 990, SCHEDULE I, PART I, LINE 2 RESEARCH GRANTS IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS PROGRESS REPORTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED THE SCIENTIFIC REPORT INCLUDES (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** American Cancer Society Inc

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jackson Laboratory 10 Discovery Drive Farmington, CT 06032	01-0211513	501 (c) (3)	163,500				
Trustees of Dartmouth College 11 Rope Ferry Road 6210 Hanover, NH 03755	02-0222111	501(C)(3)	360,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACS Products Inc 250WILLIAMS ST NW STE 400 Atlanta, GA 30303	02-0651055	501(C)(3)	22,089				
JOHNSON STATE COLLEGE 337 COLLEGE HILL JOHNSON, VT 05656	03-0213787		7,200				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Northeastern University 360 Huntington Ave Boston, MA 02118	04-1679980	501(C)(3)	30,000				
Boston College 140 Commonwealth Ave CH, MA 02125	04-2103545	501(C)(3)	30,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boston University (B U Med Campus) 85 East Newton St M-921 Boston, MA 02118	04-2103547	501(C)(3)	1,854,000				
HARVARD UNIVERSITY 25 Shattuck St Boston, MA 02115	04-2103580	501(C)(3)	1,336,949				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MA Inst of Tech-Koch Inst 77 MA Ave NE18-901 Cambridge, MA 02139	04-2103594	501(C)(3)	327,000				
CAPE COD HEALTHCARE FOUNDATION PO BOX 370 HYANNIS, MA 02601	04-2103600	501(C)(3)	80,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tufts University Medical Center 136 Harrison Avenue Boston, MA 02111	04-2103634	501(C)(3)	1,189,000				
SOUTH END COMMUNITY HEALTH CTR 1601 WASHINGTON ST Boston, MA 02118	04-2103854	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215	04-2103881	501(C)(3)	163,500				
MOUNT IDA COLLEGE 777 DEDHAM ST NEWTON, MA 02459	04-2104736	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLTOWN COMMUNITY HEALTH CTRS 58 OLD NORTH RD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	25,000				
Dana-Farber Cancer Institute 450 Brookline Avenue Boston, MA 02115	04-2263040	501(C)(3)	1,105,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	04-2312909	501(C)(3)	3,579,750				
MASSACHUSETTS COLLEGE OF LIBERAL ARTS 375 CHURCH ST NORTH ADAMS, MA 01247	04-2613803	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ma General Hosp (The General Hosp Corp) 55 Fruit Street Boston, MA 02114	04-2697983	501(C)(3)	3,840,000				
Children's Hospital Boston 300 Longwood Avenue Boston, MA 02115	04-2774441	501(C)(3)	1,245,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Massachusetts Medical School 55 Lake Ave N Worcester, MA 01655	04-3167352	501(C)(3)	1,260,500				
Boston Medical Center Corporation 660 Harrison Ave Boston, MA 02118	04-3314093	501(C)(3)	143,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APOS 2365 HUNTERS WAY Charlottesville, VA 22911	04-3720121	501(C)(3)	10,000				
UMASS MEMORIAL MEDICAL CENTER 55 LAKE AVENUE NORTH Worcester, MS 01655	04-6014838		100,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URI MEMORIAL UNION EVENTS OFFICE ROOM 217 KINGSTON, RI 02881	05-6014351	501(C)(3)	15,000				
FAIRFIELD UNIVERSITY 1073 N BENSON RD FAIRFIELD, CT 068245195	06-0646623	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Yale University PO Box 208327 New Haven, CT 06520	06-0646973	501(C)(3)	2,441,000				
FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE New Haven, CT 06513	06-0883545	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	12,500				
Whitehead Institute for Biomedical Research 455 Main Street Cambridge, MA 02142	06-1043412	501(C)(3)	400,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD Indianapolis, IN 46222	06-1645027	501(C)(3)	11,500				
ST JOHN'S UNIVERSITY 8000 UTOPIA PARKWAY QUENNS, NY 11439	11-1630830	501(C)(3)	14,979				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST FRANCIS COLLEGE 180 REMSEN ST BROOKLYN, NY 11201	11-1635105	501(C)(3)	9,000				
SUNSET PARK HEALTH COUNCIL INC 150 55TH STREET BROOKLYN, NY 112202574	11-1839567	501(C)(3)	50,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L ST NW Washington, DC 20036	13-1390920	501(C)(6)	482,937				
Cornell University 1300 York Avenue Box 89 New York, NY 10065	13-1623978	501(C)(3)	1,047,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Memorial Sloan Kettering Institute 1275 York Avenue New York, NY 10065	13-1624182	501(C)(3)	2,467,500				
OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SKIN CANCER FOUNDATION 205 LEXINGTON AVE New York, NY 10016	13-2948778	501(C)(3)	10,000				
ASSOCIATION OF ONCOLOGY SOCIAL WORK INC 1211 LOCUST ST Philadelphia, PA 19107	13-3736895	501(C)(3)	6,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
New York University School of Medicine 1 Park Ave 6th Floor New York, NY 10016	13-5562308	501(C)(3)	1,394,000				
Columbia University in the City of New York Box 49 630 W 168th St New York, NY 10032	13-5598093	501(C)(3)	1,827,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL PALLIATIVE CARE RESEARCH CENTER 1 Gustave L Levy Pl Box 1075 NY, NY 10029	13-6171197	501(C)(3)	838,500				
RESEARCH FOUNDATION OF SUNY BU BINGHAMTON, NY 139026000	14-1368361	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618	16-0743088	501(C)(3)	11,250				
UPSTATE FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210	16-1068101	501(C)(3)	37,700				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVE BUFFALO, NY 14207	16-1294447	501(C)(3)	37,500				
AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	62,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL ASSOC STUDY OF LUNG Cancer 13100 E COLFAX AVE UNIT 10 Aurora, CO 80011	20-0499338	501(C)(3)	15,000				
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	14,496				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIGHT COLORECTAL CANCER 134 WPK CNTRL SQ SPRINGFIELD, MO 65806	20-2622550	501(C)(3)	6,074				
AMISTAD COMMUNITY HEALTH CNTR 1533 S BROWNLEE BLVD CC, TX 78404	20-3008507	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	35,413				
NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST ST UNION CITY, NJ 070876002	22-1818699	501(C)(3)	24,809				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	22-2482802	501(C)(3)	15,000				
NEWARK COMMUNITY HEALTH CTRS 741 BROADWAY NEWARK, NJ 07104	22-2747589	501(C)(3)	33,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	25,000				
WILLIAM PATERSON UNIVERSITY 300 POMPTON RD WAYNE, NJ 07470	22-3160107	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISITING NURSES ASSOCIATION OF CAPE CODE 434 ROUTE 134 SUITE D3 SD, MA 02660	22-3321236	501(C)(3)	62,500				
INTNL UNION AGAINST TB & LUNG DISEASE INC 61 BROADWAY SUITE 2800 New York, NY 10006	22-3419667	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Children's Hospital of Philadelphia 3615 Civic Center Blvd PHL, PA 19104	23-1352166	501(C)(3)	37,000				
Thomas Jefferson University 125 S 9th St Sheridan phl, PA 19107	23-1352651	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Pennsylvania 3451 Walnut Street Franklin PHL, PA 19104	23-1352685	501(C)(3)	950,000				
TEMPLE UNIVERSITY CAMPUS RECREATION Philadelphia, PA 19122	23-1365971	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Lehigh Valley Hospital Inc 1 City Ctr PO Box 1806 Allentown, PA 18101	23-1689692	501(C)(3)	300,000				
HEALTH ANNEX (FPCN) 6120 WOODLAND AVE Philadelphia, PA 19142	23-1727133	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST Philadelphia, PA 19133	23-2051143	501(C)(3)	12,500				
DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE Philadelphia, PA 19133	23-2077750	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEYNEY UNIV OF PENNSYLVANIA 1837 UNIVERSITY CIRCLE CHEYNEY, PA 19319	23-2478688	501(C)(3)	7,500				
National Comprehensive Cancer Network Inc 275 COMMERCE DR STE 300 FW, PA 19034	23-2818395	501(C)(3)	22,900				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOC FOR CANCER RSRC PO BOX 8500-1916 PHL, PA 191781916	23-6251648	501(C)(3)	10,000				
The Research Inst of Fox Chase Cancer Ctr 333 Cottman Avenue PHL, PA 191112434	23-6296135	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHBRIDGE MEDICAL ADVISORY 601 NEW CASTLE AVE WILMINGTON, DE 19801	23-7047824	501(C)(3)	26,250				
CIRCLE HEALTH SERVICES 12201 EUCLID AVE CLEVELAND, OH 44106	23-7078501	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST TENNESSEE STATE UNIV 202 DOSSETT HALL PO BOX 70732 JOHNSON CITY, TN 376140732	23-7092731	501(C)(3)	14,999				
COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 500 19TH AVE EAST Seattle, WA 98112	23-7100868	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
West Side Community Health Services Inc 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	61,875				
DALLAS INTER-TRIBAL CENTER INC 1283 RECORD CROSSING RD Dallas, TX 75235	23-7156945	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT, CA 94538	23-7255435	501(C)(3)	62,500				
PA State University College of Medicine H138 500 University Dr Hershey, PA 17033	24-6000376	501(C)(3)	1,152,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERISTY OF PITTSBURGH 3550 TERRACE ST STE 401 PGH, PA 15261	25-0965591	501(C)(3)	14,915				
University of Pittsburgh 123 University PLACE Pittsburgh, PA 15219	25-0965591	501(C)(3)	2,486,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE Pittsburgh, PA 15208	25-1300356	501(C)(3)	62,500				
CORNERSTONE CARE 501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	12,500				
COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REAGAN-UDALL FOUNDATION FOR THE FDA Washington, DC 20036	26-3727917	501(C)(3)	50,000				
UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	81,013				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VALLEY COMMUNITY HEALTH CENTER 212 S 4TH ST GRAND FORKS, ND 58201	27-0056777	501(C)(3)	30,000				
LONG ISLAND FQHC INC 1600 STEWART AVE STE 300 WESTBURY, NY 11590	27-0216316	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR FAMILY HEALTH & EDUCATION 8727 VAN NUYS BLVD PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	37,500				
MATTIE MIRACLE CANCER FNDTN PO BOX 6485 ARLINGTON, VA 22206	27-1238358	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 Boston, MA 02127	27-1414646	501(C)(3)	495,476				
NANTHEALTH INC 9920 JEFFERSON BLVD CULVER CITY, CA 90232	27-3019889		53,779				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPRING BRANCH COMM HLTH CTR 1615 HILLENDAHL BLVD STE 100 Hou, TX 77055	30-0198705	501(C)(3)	12,500				
WESTERN WAYNE FAMILY HEALTH CENTERS 26650 EUREKA RD STE C TAYLOR, MI 48180	30-0281587	501(C)(3)	60,625				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UC BLUE ASH COLLEGE UNIV OF CINCINNATI 9555 PLAINFIELD ROAD BLUE ASH, OH 45236	31-0896555	501(C)(3)	15,000				
VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	30,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN COMMUNITY HEALTH SERVICES DBA CROSSROAD HEALTH CENTER Cincinnati, OH 45202	31-1321054	501(C)(3)	62,500				
CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Asian AMERICAN HLTH COALITION - HOPE CLINIC 7001 CORPORATE DR STE 120 Houston, TX 77036	31-1756818	501(C)(3)	18,750				
OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST Columbus, OH 43214	31-4398155	501(C)(6)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE Cincinnati, OH 45229	31-6000064	GOVT	37,500				
University of Cincinnati 51 Goodman Drive PO Box 210222 Cincinnati, OH 45221	31-6000989	501(C)(3)	163,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	501(C)(1)	792,000				
Scripps Research Institute 10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501(C)(3)	163,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	25,000				
CALIFORNIA STATE UNIVERSITY FULLERTON FOUNDATION FULLERTON, CA 92831	33-0632102	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO ASSOC OF COMM HLTH CTRS 4150 INDIANOLA AVE Columbus, OH 43214	34-1439025	501(C)(3)	7,500				
CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE CLEVELAND, OH 44114	34-1748776	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 45840	34-4431169	501(C)(3)	11,597				
University of Notre Dame 940 Grace Hall Notre Dame, IN 46556	35-0868188	501(C)(3)	1,092,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAPHAEL HEALTH CENTER 401 E 34TH ST Indianapolis, IN 46205	35-1948768	501(C)(3)	23,419				
MADISON CO COMMUNITY HLTH CTR 1547 OHIO AVENUE ANDERSON, IN 46016	35-2098820	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHLINC INC 2401 VALLEY DR VALPARAISO, IN 46383	35-2147791	501(C)(3)	16,726				
Indiana University 980 IN Ave Room 2232 Indie, IN 46202	35-6001673	501(C)(3)	65,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Purdue University 155 S Grant St West Lafayette, IN 47907	35-6002041	501(C)(3)	792,000				
Northwestern University - Chicago Campus 750 N Lake Shore Dr Chicago, IL 60611	36-2167817	501(C)(3)	903,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	36-2177139	501(C)(3)	1,584,000				
Rosalind Franklin Univ of Med and Sci 3333 Green Bay Road North Chicago, IL 60064	36-2181973	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VNA HEALTH CARE 400 N HIGHLAND AVE Aurora, IL 60506	36-2182095	501(C)(3)	35,625				
AMERICAN CLG OF SURGEONS COMMISSION ON CNCR 633 N ST CLAIR ST Chicago, IL 606113211	36-2192800	501(C)(3)	1,417,195				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FL 2 Chicago, IL 60612	36-2244897	501(C)(3)	74,777				
CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVE Chicago, IL 60617	36-2893854	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RURAL HEALTH INC 513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	12,500				
Carle Foundation Hospital 611 West Park Urbana, IL 61801	37-1119538	501(C)(3)	24,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE Board of Trustees OF THE UNIV OF IL 506 S WRIGHT STREET Urbana, IL 618013633	37-6000511	501(C)(3)	42,500				
ALMA COLLEGE 614 W SUPERIOR ST ALMA, MI 48801	38-1359083	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KEWEENAW BAY INDIAN COMMUNITY 16429 BEARTOWN RD BARAGA, MI 49908	38-1743340		23,249				
HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	6,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FERRIS STATE UNIVERSITY 119 S State BUS 212 BIG RAPIDS, MI 49307	38-6005159	501(C)(3)	14,537				
Michigan State University 426 Auditorium Rd East Lansing, MI 48824	38-6005984	501(C)(3)	193,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Michigan 3003 S State Street Ann Arbor, MI 48109	38-6006309	501(C)(3)	1,042,000				
Wayne State University 5057 Woodward Ste 13202 Detroit, MI 48202	38-6028429	501(C)(3)	729,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MARQUETTE UNIVERSITY PO BOX 1881 Milwaukee, WI 532011881	39-0806251	501(C)(3)	15,000				
The Medical College of Wisconsin Inc PO Box 26509 Milwaukee, WI 26509	39-0806261	501(C)(3)	110,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Blood Center of Wisconsin Inc PO Box 2178 Milwaukee, WI 53201	39-0807235	501(C)(3)	792,000				
MILWAUKEE HEALTH SERVICES INC 2555 N MLK JR DR Milwaukee, WI 53212	39-1664109	501(C)(3)	60,379				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Wisconsin - Milwaukee PO Box 340 Milwaukee, WI 53201	39-1805963	501(C)(3)	37,500				
UNIV OF WI HOSPITALS & CLINICS AUTHORITY 600 HIGHLAND AVE Madison, WI 53792	39-1835630	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Wisconsin-Madison 21 N Park St Madison, WI 53715	39-6006492	501(C)(3)	1,174,500				
AMHERST H WILDER FOUNDATION 1295 BANDANA BLVD N ST PAUL, MN 55108	41-0693889	501(C)(3)	5,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUSTAVUS ADOLPHUS COLLEGE 800 WEST COLLEGE AVE ST PETER, MN 56082	41-0695524	501(C)(3)	11,250				
FOND DU LAC HUMAN SERVICES 927 TRETTEL LANE CLOQUET, MN 55720	41-0965719		25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Winona State University 175 West Mark Street Winona, MN 55904	41-1687554	501(C)(3)	20,000				
PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVE ST PAUL, MN 551053076	41-1896367	501(C)(3)	30,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Minnesota - Twin Cities 200 Oak St SE Minneapolis, MN 55455	41-6007513	GOVT	2,851,500				
PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 507034407	42-1058629	501(C)(3)	42,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	11,154				
SIOUXLAND COMMUNITY HEALTH CTR 1021 NEBRASKA ST SIOUX CITY, IA 51105	42-1374894	501(C)(3)	5,020				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	20,150				
University of Iowa 2 Glimore Hall Iowa City, IA 52242	42-6004813	501(C)(3)	30,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Washington University in StLouis 1054 One Brookings Dr St Louis, MO 63130	43-0653611	501(C)(3)	3,277,000				
SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE Kansas City, MO 64124	43-0899356	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	40,000				
University of Missouri 115 Business Loop Columbia, MO 65211	43-6003859	501(C)(3)	45,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIVE RIVERS HEALTH CENTERS 2261 PHILADELPHIA DR DAYTON, OH 45406	45-0914398	501(C)(3)	10,000				
TYLER FAMILY CIRCLE OF CARE 523 S FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRIAGE CANCER 5265 S SLAUSON AVE CULVER CITY, CA 90230	45-5132661	501(C)(3)	10,000				
DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5591655	GOVT	31,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH DAKOTA STATE UNIVERSITY BOX 2201 BROOKINGS, SD 57007	46-0273801	501(C)(3)	13,756				
HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	27,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST PERSON CARE CLINIC 200 E HORIZON DR HENDERSON, NV 89015	46-2155118	501(C)(3)	10,000				
Rutgers The State Univ of NJ- RBHS-CINJ 33 Knightsbridge Road Piscataway, NJ 08854	46-2354111	GOVT	840,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Oregon 5219 Univ of OR Eugene, OR 97403	46-4727800	501(C)(3)	163,500				
ACS Capital Inc 250 WILLIAMS ST NW STE 600 AT, GA 30303	46-5429467	501(C)(3)	6,154,042				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UTWEST INSTITUTE FOR CANCER RESEARCH 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	47-1358542	501(C)(3)	140,000				
Altius Institute for Biomedical Sciences 2211 Elliott Avenue Seattle, WA 98121	47-2231080	501(C)(3)	163,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Univ of KS Medical Center Res Inst Inc 3901 Rainbow Boulevard KC, KS 66103	48-1108830	501(C)(3)	782,500				
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD 104 OLATHE, KS 66062	48-1115529	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIANA CARE HLTH SERVICES 200 HYGEIA DRIVE NEWARK, DE 19713	51-0103684	501(C)(3)	20,250				
LORAIN COUNTY COMMUNITY COLLEG 1005 NORTH ABBE ROAD ELYRIA, OH 440351691	51-0146485	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	51-0169168	501(C)(3)	15,200				
Sanford Burnham Prebys Medical Disc Inst 10901 N Torrey Pines Rd La Jolla, CA 92037	51-0197108	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOYOLA UNIVERSITY MARYLAND 4501 N CHARLES ST Baltimore, MD 21210	52-0591623	501(C)(3)	14,927				
Johns Hopkins University 733 N Broadway Baltimore, MD 21205	52-0595110	501(C)(3)	822,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY'S COLLEGE OF MARYLAND 47645 COLLEGE DR ST MARYS CITY, MD 20686	52-0936189	501(C)(3)	11,250				
GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	20,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD Baltimore, MD 21225	52-1118424	501(C)(3)	29,518				
MEDSTAR WASHINGTON HOSP CENTER 110 IRVING ST NW Washington, DC 20010	52-1272129	501(C)(3)	49,569				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM INC 3501 SINCLAIR LN Baltimore, MD 21213	52-1358241	501(C)(3)	37,500				
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW Washington, DC 20009	52-1594116	501(C)(3)	73,425				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESEARCHAMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	10,000				
ASPEN CANCER CONFERENCE INC 4383 MEDICAL DR SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I ST NW STE 1200 Washington, DC 20005	52-1969967	501(C)(3)	175,000				
TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 Washington, DC 20005	52-1974904	501(C)(4)	150,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF CANCER RESEARCH 1001 G ST NW STE 900 EAST WA, DC 20001	52-1983273	501(C)(3)	25,000				
PACT INSTITUTE 1828 L ST NW STE 300 Washington, DC 20036	52-2131854	501(C)(3)	30,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACS Cancer Action Network Inc 555 11th Street NW Wa, DC 20004	52-2340031	501(C)(4)	31,905,397				
Georgetown University 4000 Reservoir Rd Washington, DC 20007	53-0196603	501(C)(3)	180,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATH REST APOSTOLATE OF THE DIO OF Worc 49 ELM STREET Worcester, MA 01609	53-0196617	501(C)(3)	25,000				
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW Washington, DC 20001	53-0196932	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL VIRGINIA HEALTH SERVICES INC 25892 N JAMES MADISON HWY NC, VA 23123	54-0887287	501(C)(3)	10,000				
SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	22,462				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PUBLIC OPINION STRATEGIES LLC 214 N FAYETTE ST ALEXANDRIA, VA 22314	54-1586480		77,500				
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERNON J HARRIS EAST END COMM HEALTH CNTR 2025 E MAIN ST STE 105 Richmond, VA 23233	54-1884190	501(C)(3)	20,000				
FOUNDCARE INC 2330 S CONGRESS AVE WP, FL 33406	54-2083748	501(C)(3)	29,911				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Virginia Commonwealth University PO Box 400195 Richmond, VA 23298	54-6001758	GOVT	792,000				
University of Virginia PO Box 400195 Cville, VA 22908	54-6001796	501(C)(3)	537,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VA POLYTECHNIC INSTITUTE AND STATE UNIV 222 BURRUSS HALL BLACKSBURG, VA 24061	54-6001805	501(C)(3)	14,995				
NEW RIVER HEALTH ASSOCIATION PO BOX 337 SCARBRO, WV 25917	55-0581968	501(C)(3)	25,439				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000				
SHEPHERD UNIVERSITY PO BOX 3210 SHEPHERDSTOWN, WV 254433210	55-6020064	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Duke University Erwin Sq 2200 W Main St Durham, NC 27705	56-0532129	501(C)(3)	694,000				
BLUE RIDGE COMM HEALTH SVCS 2579 CHIMNEY ROCK RD HVILLE, NC 28792	56-0794933	501(C)(3)	29,550				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIEDMONT HEALTH SERVICES INC 127 KINGSTON DR Chapel Hill, NC 27514	56-0952737	501(C)(3)	7,000				
LINCOLN COMMUNITY HEALTH CENTE 1301 FAYETTEVILLE ST Durham, NC 27717	56-1031244	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOUNTAIN COMMUNITY HEALTH PNSP 86 N MITCHELL AVE BAKERSVILLE, NC 28705	56-1084427	501(C)(3)	7,500				
TRIAD ADULT & PEDIATRIC MED 1002 S EUGENE ST GREENSBORO, NC 27406	56-1991438	501(C)(3)	5,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of North Carolina at Chapel Hill 104 Airport Drive Chapel Hill, NC 27599	56-6001393	501(C)(3)	990,500				
BJHCHS 1320 RIBAUT RD PORT ROYAL, SC 29935	57-0523586	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FETTER HEALTHCARE NETWORK 51 NASSAU ST Charleston, SC 29403	57-0604703	501(C)(3)	10,000				
ST JAMES SANTEE FAMILY HLTH CT PO BOX 608 MCCLELLANVILLE, SC 29458	57-0722653	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAU CLAIRE COOPERATIVE HEALTH CENTERS INC 1800 ST JULIAN PL Columbia, SC 29209	57-0965445	501(C)(3)	41,870				
REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	62,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Medical University of South Carolina 19 Hagood Ave Charleston, SC 29425	57-6000722	501(C)(3)	792,000				
University of South Carolina 1600 Hampton Street Columbia, SC 29208	57-6001153	501(C)(3)	997,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Emory University 1599 Clifton Road NE Atlanta, GA 30322	58-0566256	501(C)(3)	613,500				
PIEDMONT HEALTHCARE FOUNDATION 1968 PEACHTREE RD NW Atlanta, GA 30309	58-1272768	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	50,000				
UGA Research Foundation Inc 310 ECampus Rd Athens, GA 30602	58-1353149	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	72,627				
WELLSTAR FOUNDATION 805 SANDY PLAINS RD MARIETTA, GA 30066	58-1627413	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CARE SYSTEMS 2251 WEST ELM ST WRIGHTSVILLE, GA 31096	58-2001101	501(C)(3)	7,500				
EAST GEORGIA HEALTHCARE CENTER 215 N COLEMAN ST SWAINSBORO, GA 30401	58-2001607	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRADY HEALTH SYSTEM 80 JESSE HILL JR DR SE Atlanta, GA 30303	58-6001198	501(C)(3)	7,500				
UNIVERSITY OF GEORGIA 114 BARROW HALL Athens, GA 30602	58-6001998		15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Miami 1320 S Dixie HWY Coral Gables, FL 33146	59-0624458	501(C)(3)	360,000				
FLORIDA MEMORIAL UNIVERSITY 15800 NW 42ND AVE MIAMI GARDENS, FL 33054	59-0668483	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boca Raton Regional Hospital Inc 701 NW 13th Street Boca Raton, FL 33486	59-1006663	501(C)(3)	24,000				
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	18,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	25,000				
CENTRAL FL HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	44,974				
COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	31,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA COMMUNITY HEALTH CENTERS INC 5827 CORPORATE WAY WP, FL 33407	59-1671640	501(C)(3)	7,500				
FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS, FL 33901	59-1741273	501(C)(3)	15,287				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD, FL 327716012	59-1741286	501(C)(3)	62,500				
MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	37,500				
CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	20,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	12,500				
TAMPA FAMILY HEALTH CENTERS PO BOX 82969 Tampa, FL 33682	59-2420282	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
H Lee Moffitt Cancer Center & Research Institute 12902 Magnolia Drive Tampa, FL 33612	59-2451713	501(C)(3)	1,242,000				
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE OCALA, FL 34471	59-3060378	501(C)(3)	12,067				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESCAMBIA COMMUNITY CLINICS INC 14 W JORDAN ST PENSACOLA, FL 32501	59-3105246	501(C)(3)	7,500				
THE CHAUTAUQUA CENTER INC 319 CENTRAL AVE DUNKIRK, NY 14048	59-3202367	501(C)(3)	17,524				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WECARE JACKSONVILLE INC 4080 WOODCOCK DR JACKSONVILLE, FL 32207	59-3431724	501(C)(3)	7,500				
University of Florida 207 Grinter Hall Gainesville, FL 32611	59-6002052	501(C)(3)	1,514,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Vanderbilt University 2301 Vanderbilt Place Nashville, TN 37203	62-0476822	501(C)(3)	822,000				
St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38105	62-0646012	501(C)(3)	1,540,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD Memphis, TN 38126	62-0818892	501(C)(3)	22,184				
UNITED NEIGHBORHOOD HEALTH SERVICES INC 2711 FOSTER AVE Nashville, TN 37210	62-1032792	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC 1035 14TH AVE NORTH Nashville, TN 37208	62-1035426	501(C)(3)	25,000				
CHRIST COMMUNITY HEALTH SRVCS 2595 CENTRAL AVE Memphis, TN 38104	62-1583270	501(C)(3)	140,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA A&M UNIVERSITY OFFICE OF STDNT TALLAHASSEE, FL 32307	62-3751831		15,000				
UT Health Science Center 62 S Dunlap Suite 300 Memphis, TN 38163	62-6001636	501(C)(3)	720,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTH SERVICES INC PO BOX 70365 MONTGOMERY, AL 36107	63-0568762	501(C)(3)	25,053				
FRANKLIN PRIMARY HEALTH CENTER 1301 DR MLK JR MOBILE, AL 36603	63-0695975	501(C)(3)	18,750				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
The Huntsville Hospital Foundation Inc 801 Clinton Ave E HUNTSVILLE, AL 35801	63-0752604	501(C)(3)	8,000				
University of Alabama at Birmingham 1720 2nd Avenue South Birmingham, AL 35294	63-6005396		799,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF SOUTHERN MISSISSIPPI 118 CLG DR 5122 HATTIESBURG, MS 39406	64-6000818	501(C)(3)	15,000				
ACS Inc Puerto Rico Inc Calle Cabo Alverio 566 Hato Rey, PR 00918	66-0321594	501(C)(3)	370,779				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Foundation of the Virgin Islands CFVI PO Box 11790 ST THOMAS, VI 008014790	66-0470703	501(C)(3)	50,000				
ST THOMAS EAST END MEDICAL CENTER INC ST THOMAS, VI 00804	66-0585077	501(C)(3)	7,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FREDERIKSTED HEALTH CARE INC 516 STRAND ST FREDERIKSTED, VI 00840	66-0586667	501(C)(3)	7,500				
University of Arkansas for Medical Sciences 4301 West Markham Ir, AR 72205	71-6046242	501(C)(3)	1,579,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EXCELTH INC 1515 POYDRAS ST NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	24,500				
DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPITOL CITY FAMILY HEALTH CEN PO BOX 66156 BATON ROUGE, LA 70896	72-1395500	501(C)(3)	37,500				
VARIETY CARE 3000 N GRAND AVE OKLA CITY, OK 73107	73-1088577	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONCORDIA UNIVERSITY 11400 CONCORDIA UNIV DR Austin, TX 78726	74-1161941	501(C)(3)	11,250				
COMMUNITY HEALTH CENTERS OF S CENTRAL Tx 228 ST GEORGE ST GONZALES, TX 78629	74-1548089	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COASTAL HEALTH & WELLNESS PO BOX 939 LA MARQUE, TX 77568	74-1665318		37,500				
BARRIO COMPREHENSIVE FMY HEALTH CNTRS INC 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Univ of Tx Health Science Cntr at Houston 7000 Fannin UCT 1006 Houston, TX 77030	74-1761309	501(C)(3)	1,614,000				
CENTROMED 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1787031	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	60,500				
METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 801133611	74-2477108	501(C)(3)	62,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WA AVE NY, NY 10032	74-3066193	501(C)(3)	1,083,789				
University of Texas at Austin 3925 West Braker Lane Austin, TX 78759	74-6000203	501(C)(3)	342,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Texas MD Anderson Cancer Center 1515 Holcombe Blvd Houston, TX 77030	74-6001118	501(C)(3)	4,236,250				
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-2556007	501(C)(3)	1,944,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE Dallas, TX 752314596	75-2605363	501(C)(3)	95,500				
LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 Houston, TX 772666308	76-0009637	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EL CENTRO DE CORAZON 7037 CAPITOL ST Houston, TX 77011	76-0442781	501(C)(3)	25,000				
GENESIS COMMUNITY HEALTH INC 2623 S SEACREST BLVD BB, FL 33435	80-0374741	501(C)(3)	29,911				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Academy of Oncology Nurse Navigators Inc 1249 SOUTH RIVER RD CRANBURY, NJ 08512	80-0586847	501(C)(3)	11,375				
TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	17,804				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACS Development II Inc 251 WILLIAMS ST NW Atl, GA 30303	82-1993189	501(C)(3)	504,713				
ERIE COUNTY MEDICAL CENTER 462 GRIDER ST BUFFALO, NY 14215	83-0382654	501(C)(3)	41,167				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	35,000				
COMMUNITY INITIATIVES NETWORK 405 E PROSPECT RD FORT COLLINS, CO 80525	84-1480532		17,050				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Northern Colorado 501 20th Street Greeley, CO 80639	84-6000546	501(C)(3)	139,000				
University of Colorado Denver AMC and DC 13001 E17th Place Aurora, CO 80045	84-6000555	501(C)(3)	792,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of New Mexico HSC MSC09 5220 1 Albuquerque, NM 87131	85-6000642	501(C)(3)	293,000				
NATIVE AMERICANS FOR COMMUNITY ACTION(NACA) 2717 N STEVES BLVD FLAGSTAFF, AZ 86004	86-0268489	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	62,500				
MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST STE 4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	12,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF, AZ 860033630	86-0663432	501(C)(3)	25,000				
EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	86-0816675	501(C)(3)	12,501				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK, UT 84534	87-0560763	501(C)(3)	12,335				
SOUTHERN UTAH UNIVERSITY BURSARS OFFICE CEDAR CITY, UT 84720	87-6000481		11,787				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Utah 75 S 2000 E Rm 111 Salt Lake City, UT 84112	87-6000525	501(C)(3)	1,598,873				
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	88-0293149	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	14,930				
WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 99251	91-0473310	501(C)(3)	11,250				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAKE ROOSEVELT COMMUNITY HEALTH CENTERS PO BOX 290 INCHELIUM, WA 99138	91-0557683		15,750				
Seattle Children's Hospital 4800 Sand Pt Way Seattle, WA 98105	91-0564748	501(C)(3)	814,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCTIC SLOPE NATIVE ASSOCIATION 7000 UULA ST BARROW, AK 99723	91-0873623	501(C)(3)	25,000				
HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INTERNATIONAL COMMUNITY HEALTH 720 8TH AVE S Seattle, WA 98104	91-0947084	501(C)(3)	37,425				
SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	26,837				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SNOHOMISH COUNTY 8609 EVERGREEN WAY EVERETT, WA 98208	91-1255170	501(C)(3)	63,364				
COMMUNITY HEATHLH CARE 1019 PACIFIC AVE STEE 300 TACOMA, WA 98402	91-1349657	501(C)(3)	6,375				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON STE 300 SPOKANE, WA 99201	91-1641797	501(C)(3)	7,500				
VIRGINIA GARCIA MEMORIAL FOUNDATION PO BOX 6149 ALOHA, OR 97007	91-2077840	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	6,875				
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98195	91-6001537	501(C)(3)	111,632				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Oregon Health & Science University 3181 SW Sam Jackson Park Rd PDX, OR 97239	93-1176109	501(C)(3)	1,366,500				
THE RINEHART CLINIC PO BOX 176 WHEELER, OR 97147	93-1191794	501(C)(3)	10,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLATSOP CO DEPT PUBLIC HEALTH 820 EXCHANGE ST STE 100 ASTORIA, OR 97103	93-6000228	GOVT	7,500				
OREGON STATE UNIVERSITY 312 kerr CORVALLIS, OR 973312140	93-6022772	501(C)(3)	13,802				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Hospital & Research Center Oakland 747 52nd Street Oakland, CA 94609	94-0382330	501(C)(3)	24,000				
Stanford University 3172 Porter Drive Palo Alto, CA 94304	94-1156365	501(C)(3)	1,297,480				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST San Francisco, CA 94117	94-1156628	501(C)(3)	14,613				
INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	59,950				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS, CA 93905	94-2652757	501(C)(3)	12,500				
AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO STE J Berkeley, CA 94702	94-2922136	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California Berkeley 2150 Shattuck Ave Suite 300 Berkeley, CA 94704	94-3067788	501(C)(3)	955,500				
PENINSULA COMMUNITY HEALTH SVC PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	37,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CALIFORNIA PRIMARY CARE ASSN 1231 I ST STE 400 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000				
REGENTS OF THE UNIVERSITY OF CA AT BERKELEY EXTRAMURAL FUND ACCNTNG Berkeley, CA 94720	94-6002123	501(C)(3)	85,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California San Francisco 3333 CA St San Francisco, CA 94118	94-6036493	501(C)(3)	2,046,500				
University of California Davis 1850 Research Park Dr Davis, CA 95618	94-6036494	501(C)(3)	111,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Southern California 3720 S Flower St Los Angeles, CA 90089	95-1642394	501(C)(3)	1,584,000				
California Institute of Technology 1200 E California Blvd Pasadena, CA 91125	95-1643307	501(C)(3)	163,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITTIER COLLEGE 13406 PHILADELPHIA ST WHITTIER, CA 90608	95-1644048	501(C)(3)	11,250				
University of California Irvine Irvine 141 Suite 250 Irvine, CA 92697	95-2226406	501(C)(3)	1,584,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD Los Angeles, CA 90048	95-2539105	501(C)(3)	10,000				
VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	60,830				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTHCARE 425 N DATE ST STE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)	10,360				
SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	23,867				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE Los Angeles, CA 90040	95-2810095	501(C)(3)	24,177				
RIVERSIDE & SB COUNTY INDIAN HEALTH INC 11980 MT VERNON AVE GRAND TERRACE, CA 92313	95-2846605	501(C)(3)	25,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH COUNTY HEALTH PROJECT 150 VALPRED A RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	12,500				
CALIFORNIA COLORECTAL CANCER COALITION 2253 SOLEDAD RANCHO RD SAN DIEGO, CA 92109	95-3102332	501(C)(3)	50,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Beckman Research Inst of the City of Hope 1500 East Duarte Rd Duarte, CA 91010	95-3432210	501(C)(3)	2,540,000				
City of Hope Comprehensive Cancer Center 1500 E Duarte Rd Duarte, CA 91010	95-3435919	501(C)(3)	24,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARKING COMPANY OF AMERICA LLC 3165 GARFIELD AVE Los Angeles, CA 90040	95-4650869		47,768				
University of California - San Francisco 500 PARNASSUS AVE MU420 W SF, CA 94143	95-6006142	501(C)(3)	15,000				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California Los Angeles 10889 Wilshire Boulevard Suite 700 LA, CA 90095	95-6006143	501(C)(3)	1,747,500				
University of California San Diego 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501(C)(3)	2,365,500				

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California Santa Barbara 3227 Cheadle Hall Santa Barbara, CA 93106	95-6006145	501(C)(3)	163,500				

**Schedule J (Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.**  
 ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	Yes								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION	SCHEDULE J, PART I, LINE 4A JOSEPH C CAHOON CAHOON RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 35 YEARS OTHER REPORTABLE COMPENSATION OF \$1,972,200 (PART II, LINE 3B(III)) INCLUDES A CONTRACTUAL PAYMENT OF \$340,246 AND THE FINAL PAYMENT OF SUPPLEMENTAL RETIREMENT BENEFITS OF \$1,607,326 RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$486,108 (PART II, LINE 3C) INCLUDES THE VALUE OF EARNED QUALIFIED RETIREMENT BENEFITS OF \$483,370 DAVID F VENEZIANO VENEZIANO RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 42 YEARS OTHER REPORTABLE COMPENSATION OF \$827,605 (PART II, LINE 3B(III)) INCLUDES A CONTRACTUAL PAYMENT OF \$143,526 AND THE FINAL PAYMENT OF SUPPLEMENTAL RETIREMENT BENEFITS OF \$624,689 RALPH A DEVITTO DEVITTO RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 21 YEARS OTHER REPORTABLE COMPENSATION OF \$239,924 (PART II, LINE 3B(III)) INCLUDES A CONTRACTUAL PAYMENT OF \$152,619 AND THE FINAL PAYMENT OF SUPPLEMENTAL RETIREMENT BENEFITS OF \$63,440 NANCY C YAW YAW RETIRED FROM THE SOCIETY IN 2017 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 31 YEARS RETIREMENT AND OTHER DEFERRED COMPENSATION OF \$1,323,731 (PART II, LINE 3C) INCLUDES THE VALUE OF EARNED QUALIFIED RETIREMENT BENEFITS OF \$722,521 AND EARNED NON-QUALIFIED SUPPLEMENTAL RETIREMENT BENEFITS OF \$599,460 THE FILING ORGANIZATION WILL MAKE THE PAYMENT OF NON QUALIFIED BENEFITS IN 2018
SCHEDULE J, PART I, LINE 4B	THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AS PART OF THE COMPENSATION COMMITTEE (THE "COMMITTEE") RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15
SCHEDULE J, PART II, COLUMN C	INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE CHANGE IS CAUSED BY CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** American Cancer Society Inc

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 OTIS W BRAWLEY CHIEF MED AND SCI OFFICER	(i)	455,933	0	13,251	136,574	784	606,542	0
	(ii)	0	0	0	0	0	0	0
1 RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	427,914	0	13,196	27,272	17,052	485,434	0
	(ii)	0	0	0	0	0	0	0
2 JOSEPH C CAHOON SENIOR EVP, FIELD, OUTGOING	(i)	108,967	0	1,972,200	486,108	2,393	2,569,668	610,068
	(ii)	0	0	0	0	0	0	0
3 SHARON BYERS CHIEF DEV & MKTG OFFICER	(i)	477,884	68,213	1,188	17,797	818	565,900	0
	(ii)	0	0	0	0	0	0	0
4 DAVID F VENEZIANO EVP, CALIFORNIA DIV, OUTGOING	(i)	251,204	0	827,605	76,586	5,035	1,160,430	728,647
	(ii)	0	0	0	0	0	0	0
5 NANCY C YAW EVP, LAKESHORE DIV, OUTGOING	(i)	189,115	0	212,052	1,323,731	8,700	1,733,598	0
	(ii)	0	0	0	0	0	0	0
6 MARGARET A CAMP EVP, NEW ENGLAND DIV, OUTGOING	(i)	93,502	0	223,810	468,719	3,027	789,058	0
	(ii)	0	0	0	0	0	0	0
7 JUNG H KIM EVP, NORTHEAST REGION	(i)	345,572	0	5,377	174,912	688	526,549	0
	(ii)	0	0	0	0	0	0	0
8 RALPH A DEVITTO EVP, FLORIDA DIVISION, OUTGOING	(i)	151,921	0	239,924	257,784	5,920	655,549	35,918
	(ii)	0	0	0	0	0	0	0
9 GARY REEDY CHIEF EXECUTIVE OFFICER	(i)	675,935	0	5,017	45,617	1,358	727,927	0
	(ii)	61,449	0	456	4,147	123	66,175	0
10 CATHERINE E MICKLE CHIEF FINANCIAL OFFICER	(i)	341,376	0	5,803	144,701	10,564	502,444	0
	(ii)	43,448	0	739	18,417	1,344	63,948	0
11 MICHAEL L NEAL SENIOR EVP, FIELD OPERATIONS	(i)	347,484	0	6,613	146,429	11,902	512,428	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Cancer Society Inc

Employer identification number

13-1788491

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		23,043,262	Cost/Selling Price
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .	X	530	9,168,345	FMV
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ See Additional Data				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1788491

**Name:** American Cancer Society Inc

### Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► (Cosmetic Kits )	X	40,907	10,226,750	Cost/Selling Price
Other ► (Donated Space )	X	1	23,652	Cost/Selling Price
Other ► (Guest Room Program )	X	47,907	4,138,946	Cost/Selling Price
Other ► (Hope Lodge Supplies )	X	4,235	403,165	Cost/Selling Price
Other ► (Holiday Fundraiser )	X	1,095	865,383	Cost/Selling Price
Other ► (Wigs )	X	6,828	3,790,029	Cost/Selling Price

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Cancer Society Inc

Employer identification number

13-1788491

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of Other Program Services	FORM 990, PART III, LINE 4D DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS AS WELL AS OUR NATIONAL CAMPAIGN TO ACHIEVE 80 PERCENT COLON CANCER SCREENING RATES BY THE END OF 2018

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Process used to review the Form 990	FORM 990, PART VI, LINE 11B Management, in conjunction with an independent accounting firm, prepares and reviews the form 990. The draft form 990 is then provided to the board of directors' finance committee, and the CFO conducts a detailed review of the form 990 with the committee members. An electronic (or hard) copy of the form 990 is provided to each member of the board of directors prior to the form being filed with the IRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Monitoring and enforcement of compliance with conflict of interest policy	FORM 990, PART VI, LINE 12C THE AMERICAN CANCER SOCIETY, INC MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS THE CHAIR OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES EMPLOYEES' RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING PROCESS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW PROCESS	<p>FORM 990, PART VI, LINES 15A &amp; 15B THE AMERICAN CANCER SOCIETY, INC USES AN INDEPENDENT COMPENSATION COMMITTEE ("THE COMMITTEE"), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS, (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA, (C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS, (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT, (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR, (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD, (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE, (H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON, (I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN, (J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS, (K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE COMPENSATION AND BENEFITS, (L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Process for making documents available to the public	FORM 990, PART VI, LINE 18 THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW CANCER ORG

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO	General PUBLIC FORM 990, PART VI, LINE 19 THE AMERICAN CANCER SOCIETY, INC TAKES ITS MISSION TO SAVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY THE PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALANCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLINE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN THE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEBSITE AT WWW CANCER ORG

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$30,570,457 NET CHANGE IN RETIREMENT PLAN LIABILITY \$9,660,122 TOTAL \$40,230,579

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Cancer Society Inc

**Employer identification number**

13-1788491

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> ACS BRIGHTEDGE VENTURES LLC 250 WILLIAMS ST NW STE 4B ATLANTA, GA 30303 82-2597570	INVESTING	DE	25,000	25,000	ACS INC

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> ACS CANCER ACTION NETWORK INC 555 11TH STREET NW  WASHINGTON, DC 20004 52-2340031	ELIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
<b>(2)</b> ACS DEVELOPMENT COMPANY I INC 250 WILLIAMS STREET NW STE 60  ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
<b>(3)</b> ACS CAPITAL INC 250 WILLIAMS STREET NW STE 60  ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(c)(3)	12a	ACS CAN		No
<b>(4)</b> ACS PRODUCTS INC 250 WILLIAMS STREET NW STE 40  ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
<b>(5)</b> AMERICAN CANCER SOCIETY INC PUERTO RICO 566 CABO ALVERIO STREET  HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS INC	Yes	
<b>(6)</b> THE JOSEPH AND JEANETTE M SILBER FDTN 4900 TIEDEMAN RD OH-01-49-015  BROOKLAND, OH 44144 34-1363915	SUPPORT ACS	OH	501(c)(3)	12	NA		No
<b>(7)</b> ACS Development Company II INC 250 Williams ST NW STE 600  Atlanta, GA 30303 82-1993189	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> ISRAEL FAMILY HOLDING LLC 340 S Lemon Avenue 2625 Walnut, CA 91789 81-4706366	SUPPORT ACS	DE	ACS	LLC		978,219	99 000 %	Yes	
<b>(2)</b> THE BROWER-IADONE FAMILY LLC 2360 Claudia Street Corona, CA 92882 47-3426422	SUPPORT ACS	DE	ACS	LLC		1,136,537	99 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** American Cancer Society Inc

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
555 11TH STREET NW WASHINGTON, DC 20004 52-2340031	ELIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
250 WILLIAMS STREET NW STE 60 ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
250 WILLIAMS STREET NW STE 60 ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(c)(3)	12a	ACS CAN		No
250 WILLIAMS STREET NW STE 40 ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
566 CABO ALVERIO STREET HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS INC	Yes	
4900 TIEDEMAN RD OH-01-49-015 BROOKLAND, OH 44144 34-1363915	SUPPORT ACS	OH	501(c)(3)	12	NA		No
250 Williams ST NW STE 600 Atlanta, GA 30303 82-1993189	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
ACS CANCER ACTION NETWORK INC	q	8,707,565	FMV
ACS DEVELOPMENT COMPANY I INC	q	446,219	FMV
ACS PRODUCTS INC	q	4,319,973	FMV
AMERICAN CANCER SOCIETY INC PUERTO RICO	q	10,193,455	FMV
ACS CANCER ACTION NETWORK INC	b	31,905,397	FMV
ACS DEVELOPMENT COMPANY I INC	k	102,500	FMV
AMERICAN CANCER SOCIETY INC PUERTO RICO	b	367,700	FMV
THE JOSEPH AND JEANETTE SILBER FDTN	c	172,153	FMV
ACS DEVELOPMENT COMPANY II INC	q	33,472	FMV